STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155333	A. BUILDING 00 B. WING	06/21/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PAOLI HEALTH AND LIVING COMMUNITY INC	559 W LONGEST ST PAOLI, IN47454

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	This visit was for the Investigation of Complaint IN00091128. Complaint IN00091128- Substantiated, Federal/State deficiencies are cited at F282, F312, and F315. Survey dates: June 20 and 21, 2011 Facility number: 000226 Provider number: 155333 AIM number: 100267730 Survey team: Anne Marie Crays, RN Census bed type: SNF: 11 SNF/NF: 92 Total: 103 Census payor type: Medicare: 12 Medicaid: 76 Other: 15 Total: 103 Sample: 4 These deficiencies also reflect state findings cited in accordance with 410	F0000	This plan of correcton is to serve as Paoli Health and Living Community's credible allegaton of compliance . Submission of this plan of correcton does not consttute an admission by Paoli Health and Living Community or it's management company that the allegatons contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission consttute an agreement or admission of the survey allegatons .	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	IAC 16.2. Quality review completed on June 24, 2011 by Bev Faulkner, RN			
F0282 SS=D	The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on observation, interview, and record review, the facility failed to implement interventions in a plan of care to ensure a resident dependent for care and toileting was toileted and repositioned	F0282	F 282 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN1. Resident D was toileted and repositioned2. All residents that are dependent for care and toileting have been	07/20/2011

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	at least every 2 hours, for 1 of 3 residents reviewed for incontinence care, in a sample of 4. Resident D Findings include: 1. On 6/20/11 at 4:20 P.M., during the initial tour, the Administrator indicated Resident D required a Hoyer lift [a mechanical lift] for transfer, and was incontinent of bladder. Resident D was observed sitting up in a wheelchair in her room at that time. On 6/20/11 at 5:05 P.M., Resident D was sitting in wheelchair in her room. On 6/20/11 at 6:10 P.M., Resident D was sitting in a wheelchair in her room. On 6/20/11 at 7:05 P.M., CNA # 1 indicated they "usually laid (Resident D) down between 7:30 P.M. and 8:00 P.M." A request was made at that time to do a skin assessment on Resident D whenever she was laid down. On 6/20/11 at 7:25 P.M., CNA # 1 and CNA # 2 indicated they were going to lay Resident D down in bed. As they lifted the resident off of the wheelchair with the Hoyer lift, a puddle of urine was observed on the wheelchair cushion. The resident's brief was saturated with urine. The		identified and are being toileted and repositioned per the plan of care.3. The systemic change includes Charge Nurses will provide rounds of all dependent residents at least twice a shift and as needed to observe for toileting and repositioning of dependent residents per the plan of care.Education has been provided to nursing staff regarding toileting and repositioning of the dependent resident per the plan of care.4. Unit Managers will observe care of the dependent resident related to toileting and repositioning for 3 residents a day, 3 days a week for the next 30 days, then 3 residents a week for 5 months, then 1 resident each week for a total of 12 months.The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed. Completion Date: July 20, 2011	

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	resident's buttocks were wrinkled with deep indentations from the brief, and was dark red. As the CNAs put the resident to bed, they offered the bedpan to the resident, but she did not urinate. CNA # 1 indicated the resident was sitting up in the wheelchair when they started their shift at 2:00 P.M., and "she'd been up awhile." CNA # 1 indicated she had offered to lay the resident down earlier, and she had refused. CNA # 1 indicated the resident had not been toileted or repositioned since she had come on duty at 2:00 P.M. The clinical record of Resident D was reviewed on 6/21/11 at 9:25 A.M. Diagnoses included, but were not limited to, Edema, Congestive Heart Failure, and Dementia. A Care Plan, dated 2/21/11, indicated a problem of "Potential for skin breakdown related to impaired mobility, incontinence...Chronic rash/redness to abdominal folds and periarea [sic]." The approaches included: "Change incontinent pad as soon as possible after voiding or bowel movement. Keep skin clean and dry. Toilet per schedule and prn [as needed], provide good pericare after incontinence episodes. Turn and reposition every bed check and PRN. Reposition while up in wheelchair."			

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	A Care Plan, dated 3/4/11, indicated a problem of "Resident experiences bladder incontinence R/T [related to] impaired cognition and urge incontinence." The approaches included: "Keep call light in reach. Provide Hoyer lift for toileting. Toilet upon rising, before and after meal [sic], hs [at bedtime] and prn. Offer toileting every two hours at night. Use brief under resident when in chair and incontinence pad in bed." On 6/21/11 at 10:20 A.M., during interview with the Director of Nursing [DON] and Administrator, the DON indicated Resident D required transfer with a Hoyer lift. The DON indicated Resident D's toileting schedule should be before and after meals and at bedtime. This Federal Tag relates to Complaint IN00091128. 3.1-35(g)(2)			

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F0312 SS=D	A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Based on observation, interview, and record review, the facility failed to ensure a resident dependent for care and toileting was toileted and repositioned at least every 2 hours, for 1 of 3 residents reviewed for incontinence care, in a sample of 4. Resident D Findings include: 1. On 6/20/11 at 4:20 P.M., during the initial tour, the Administrator indicated Resident D required a Hoyer lift [a mechanical lift] for transfer, and was incontinent of bladder. Resident D was observed sitting up in a wheelchair in her room at that time. On 6/20/11 at 5:05 P.M., Resident D was sitting in wheelchair in her room. On 6/20/11 at 6:10 P.M., Resident D was sitting in a wheelchair in her room.	F0312	F 312 483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS 1. Resident D was toileted and repositioned 2. All residents that are dependent for care and toileting have been identified and are being toileted and repositioned per the plan of care. 3. The systemic change includes Charge Nurses will provide rounds of all dependent residents at least twice a shift and as needed to observe for toileting and repositioning of dependent residents per the plan of care.Education has been provided to nursing staff regarding toileting and repositioning of the dependent resident per the plan of care.4. Unit Managers will observe care of the dependent resident related to toileting and repositioning for 3 residents a day, 3 days a week for the next 30 days, then 3 residents a week for 5 months, then 1 resident each week for a total of 12 months.The results of these reviews will be discussed at	07/20/2011

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	On 6/20/11 at 7:05 P.M., CNA # 1 indicated they "usually laid (Resident D) down between 7:30 P.M. and 8:00 P.M." A request was made at that time to do a skin assessment on Resident D whenever she was laid down. On 6/20/11 at 7:25 P.M., CNA # 1 and CNA # 2 indicated they were going to lay Resident D down in bed. As they lifted the resident off of the wheelchair with the Hoyer lift, a puddle of urine was observed on the wheelchair cushion. The resident's brief was saturated with urine. The resident's buttocks were wrinkled with deep indentations from the brief, and was dark red. As the CNAs put the resident to bed, they offered the bedpan to the resident, but she did not urinate. CNA # 1 indicated the resident was sitting up in the wheelchair when they started their shift at 2:00 P.M., and "she'd been up awhile." CNA # 1 indicated she had offered to lay the resident down earlier, and she had refused. CNA # 1 indicated the resident had not been toileted or repositioned since she had started her shift at 2:00 P.M. The clinical record of Resident D was reviewed on 6/21/11 at 9:25 A.M. Diagnoses included, but were not limited to, Edema, Congestive Heart Failure, and Dementia.		the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed. Completion Date: July 20, 2011	

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The most recent Minimum Data Set [MDS] assessment, dated 3/30/11, indicated the resident scored a 5 out of 15 for cognitive status, with 15 indicating no memory impairment. The resident did not exhibit behavior symptoms, including rejection of care. The MDS assessment indicated the resident required extensive assistance of 2+ staff for transfer and toileting, was always incontinent of bladder, and frequently incontinent of bowel. The MDS assessment indicated the resident was on a current toileting program.

A Care Summary, dated 4/13/11, indicated, "...Other factors that contribute to incontinence...Urinary urgency AND need for assistance in toileting...Resident transfers per Hoyer with assist of 2...Type of incontinence, Mixed (stress incontinence with urgency)...Resident 'leaks' with any movement. At times is unable to make needs known or known in time to be toileted...Analysis of Findings...Resident is incontinent of urine. Risk factors include: NIDDM [diabetes], diuretic use, need for assist for transfers, at times unaware of need to void...."

A Care Plan, dated 2/21/11, indicated a problem of "Potential for skin breakdown

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	related to impaired mobility, incontinence...Chronic rash/redness to abdominal folds and periarea [sic]." The approaches included: "Change incontinent pad as soon as possible after voiding or bowel movement. Keep skin clean and dry. Toilet per schedule and prn [as needed], provide good pericare after incontinence episodes. Turn and reposition every bed check and PRN. Reposition while up in wheelchair." A Care Plan, dated 3/4/11, indicated a problem of "Resident experiences bladder incontinence R/T [related to] impaired cognition and urge incontinence." The approaches included: "Keep call light in reach. Provide Hoyer lift for toileting. Toilet upon rising, before and after meal [sic], hs [at bedtime] and prn. Offer toileting every two hours at night. Use brief under resident when in chair and incontinence pad in bed." On 6/21/11 at 10:20 A.M., during interview with the Director of Nursing [DON] and Administrator, the DON indicated Resident D required transfer with a Hoyer lift. The DON indicated Resident D's toileting schedule should be before and after meals and at bedtime. 2. On 6/20/11 at 7:05 P.M., the Unit Manager provided CNA assignment			

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	sheets. The assignment sheet indicated Resident D required assistance of 2 with a Hoyer, should be turned every 2 hours, and was on a toileting schedule of "10 p-6a per schedule." The assignment sheet also indicated, "...toilet upon rising, before and after meals, hs and prn, offer toileting every 2 hours at night...." 3. On 6/21/11 at 12:10 P.M., the DON provided the current facility policy on "Skin Care and Pressure/Non-Pressure Ulcer Prevention and Management Program," dated September 2008. The policy included: "...Managing a skin prevention program is dependent upon many factors. There are certain clinical conditions along with limited mobility that may contribute to the development of pressure ulcers...1. Urinary or bowel incontinence...Consider all bed and chair-bound individuals, or those with impaired ability to reposition to be at risk for pressure ulcers...." This Federal Tag relates to Complaint IN00091128. 3.1-38(a)			

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F0315 SS=D	Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. Based on observation, interview, and record review, the facility failed to ensure a resident dependent for toileting, received appropriate interventions to maintain bladder function, in that she was always continent in January 2011 and progressed to always incontinent of bladder in March 2011, for 1 of 3 residents reviewed for bladder function, in a sample of 4. Resident D	F0315	F315 483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER 1. Resident D was re-assessed regarding her bladder function and is receiving appropriate interventions to maintain bladder function. 2. All residents that are dependent for toileting have been identified and an assessment has been completed including appropriate interventions to maintain bladder function. 3. The systemic change includes any resident with a decline in continence or transfers will be reviewed at the morning clinical meeting to determine if the urinary assessment and plan of care needs to be revised regarding appropriate interventions to maintain bladder function. If deemed necessary, a voiding diary will be initiated for at least 3 days and a new assessment and plan of care will be completed. Education was provided for nursing staff regarding · Identifying residents with a decline in transfers and continence · Assessment of bladder incontinence · Appropriate interventions to	07/20/2011

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	Findings include: 1. On 6/20/11 at 4:20 P.M., during the initial tour, the Administrator indicated Resident D required a Hoyer lift [a mechanical lift] for transfer, and was incontinent of bladder. Resident D was observed sitting up in a wheelchair in her room at that time. On 6/20/11 at 5:05 P.M., Resident D was sitting in wheelchair in her room. On 6/20/11 at 6:10 P.M., Resident D was sitting in a wheelchair in her room. On 6/20/11 at 7:05 P.M.,		maintain bladder function in the dependent resident. 4. Unit Managers will review the Point of Care documentation regarding transfers and toilet use weekly for any decline in these areas for the next 12 months. A decline in continence or transfers will prompt a chart review at the daily (Monday through Friday) clinical meeting to determine if a new bladder assessment and plan of care needs to be completed. In addition, the Unit Manager and MDS nurse will discuss residents during their quarterly and as needed care plan conference regarding the appropriateness of the current bladder assessment and interventions needed to maintain bladder function. The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed. Completion Date: July 20, 2011	

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	CNA # 1 indicated they "usually laid (Resident D) down between 7:30 P.M. and 8:00 P.M." A request was made at that time to do a skin assessment on Resident D whenever she was laid down. On 6/20/11 at 7:25 P.M., CNA # 1 and CNA # 2 indicated they were going to lay Resident D down in bed. As they lifted the resident off of the wheelchair with the Hoyer lift, a puddle of urine was observed on the wheelchair cushion. The resident's brief was saturated with urine. The resident's buttocks were wrinkled with deep			

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	indentations from the brief, and was dark red. As the CNAs put the resident to bed, they offered the bedpan to the resident, but she did not urinate. CNA # 1 indicated the resident was sitting up in the wheelchair when they started their shift at 2:00 P.M., and "she'd been up awhile." CNA # 1 indicated she had offered to lay the resident down earlier, and she had refused. CNA # 1 indicated the resident had not been toileted since she had started her shift at 2:00 P.M. The clinical record of Resident D was reviewed			

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	on 6/21/11 at 9:25 A.M. Diagnoses included, but were not limited to, Edema, Congestive Heart Failure, and Dementia. A quarterly Minimum Data Set [MDS] assessment, dated 1/6/11, indicated the resident scored a 5 out of a total of 15 for cognitive status, with 15 indicating no impairment. The MDS assessment indicated the resident required extensive assistance of 2 + staff for transfer, and was "always continent" of bowels and bladder. A Care Plan, initially dated 7/16/10 and revised			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	2/21/11, indicated, "Potential for skin breakdown R/T [related to] impaired mobility, incontinence...Chronic rash/redness to abd. folds and periarea." The approaches indicated, "Keep skin clean and dry. Change incontinent pad as soon as possible after voiding or bowel movement. Toilet per schedule." A Care Plan, dated 2/21/11, indicated a problem of "Potential for skin breakdown related to impaired mobility, incontinence...Chronic rash/redness to abdominal			

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	155333	A. BUILDING 00 B. WING	06/21/2011

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	folds and periarea [sic]." The approaches included: "Change incontinent pad as soon as possible after voiding or bowel movement. Keep skin clean and dry. Toilet per schedule and prn [as needed], provide good pericare after incontinence episodes. Turn and reposition every bed check and PRN. Reposition while up in wheelchair." A Care Plan, dated 3/4/11, indicated a problem of "Resident experiences bladder incontinence R/T [related to] impaired cognition and urge incontinence." The approaches included: "Keep			

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	call light in reach. Provide Hoyer lift for toileting. Toilet upon rising, before and after meal [sic], hs [at bedtime] and prn. Offer toileting every two hours at night. Use brief under resident when in chair and incontinence pad in bed." The most recent Minimum Data Set assessment, dated 3/30/11, indicated the resident scored a 5 for cognitive status. The resident did not exhibit behavior symptoms, including rejection of care. The MDS assessment indicated the resident required extensive assistance of 2+ staff for			

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	transfer and toileting, was always incontinent of bladder, and frequently incontinent of bowel. The MDS assessment indicated the resident was on a current toileting program. An "Assessment of Urinary Incontinence," dated 3/30/11, indicated, "What are the resident's current voiding patterns? Freq. incont [frequently incontinent]. Does the resident require physical assistance for toileting? Yes...[two] assist...Does the resident have a prior history of urinary incontinence: Yes, functional...Can the resident comprehend and			

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	follow through on education and instructions? No. Can the resident identify urinary urge sensation? No, Can the resident learn to inhibit or control the urge to void until reaching a toilet: No...." A Care Summary, dated 4/13/11, indicated, "...Other factors that contribute to incontinence...Urinary urgency AND need for assistance in toileting...Resident transfers per Hoyer with assist of 2...Type of incontinence, Mixed (stress incontinence with urgency)...Resident 'leaks' with any movement.			

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	At times is unable to make needs known or known in time to be toileted...Analysis of Findings...Resident is incontinent of urine. Risk factors include: NIDDM [diabetes], diuretic use, need for assist for transfers, at times unaware of need to void...." On 6/21/11 at 10:20 A.M., during interview with the Director of Nursing [DON] and Administrator, the DON indicated Resident D required transfer with a Hoyer lift, but had previously required a stand-up lift. The DON indicated Resident D's			

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	toileting schedule should be before and after meals and at bedtime. The Administrator indicated she thought the resident was able to tell staff if she needed assistance. On 6/21/11 at 12:00 P.M., the DON indicated the resident had a "3 day voiding pattern" done in March which indicated the resident was incontinent at night only. The DON indicated therapy was looking for the documentation. The DON indicated the facility would begin another 3 day voiding pattern for the resident to determine when she was			

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	incontinent. The DON indicated she thought the resident had been incontinent in January, and that the MDS from that time period could have been wrong. 2. On 6/20/11 at 7:05 P.M., the Unit Manager provided CNA assignment sheets. The assignment sheet indicated Resident D required assistance of 2 with a Hoyer, should be turned every 2 hours, and was on a toileting schedule of "10p-6a per schedule." The assignment sheet also indicated, "...toilet upon rising, before and after meals, hs and prn, offer			

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	toileting every 2 hours at night...." 3. On 6/21/11 at 11:25 A.M., the DON provided the current facility policy on bladder incontinence management, revised 10/06. The policy included: "Assessment, 1. Obtain history of medical and physical problems related to bladder function...2. Establish a baseline assessment of bladder voiding patterns by completing a 3-day bladder record to determine frequency, timing and amounts of voids, number of incontinent episodes...This assessment			

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	should be completed every one to two hours for at least three days in order to determine voiding patterns...4. The assessment will be completed and toileting programs implemented based upon individual need...If the resident has an irreversible condition and/or would not benefit from further evaluation or treatment (i.e. no memory recall, requires extensive assistance with transfers...) then the plan of care should address interventions that are directed at prevention and/or minimization of urinary incontinence complications...Include			

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	toileting schedules, fluid intake, protective garments and pads as appropriate in the plan of care...Functional Incontinence occurs in residents who would otherwise be continent but due to physical or cognitive problems or various medications are unable to reach the toilet facilities in time. Causes include confusion; dementia...poor mobility...or excessive distance from the toilet facilities...Management Options, Prompted voiding, habit training...Exercise programs...Staff and symptom management...." This Federal Tag relates to			

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